On-Line Incident Reporting System Instructions

*Go to Risk Management's website home page
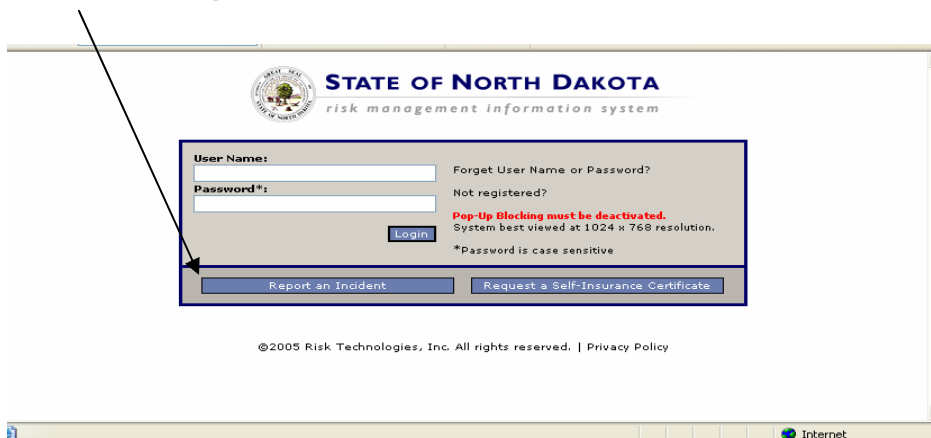 www.state.nd.us/risk
*Click on **Online Incident Reporting** link

***DO NOT** TYPE ANYTHING IN THE USER NAME AND PASSWORD
*Click on **Report An Incident**

(**NOTE** – Pop-Up Blocking on your computer MUST BE deactivated)

*List of the three different incident reports will be listed – click on the appropriate incident you wish to report

Incident Reports Online
State of North Dakota Risk Management Information Reporting System

Forms for North Dakota RMIS Users

RMIS GUEST USER
Select a form from the list below by clicking the label.

SFN 50508 — Incident Report
This form is used to report incidents involving alleged injuries or property damage of any type to individuals that are not employees of the State, which occurred at any location/building/property owned or managed by the State or which involved actions by State employee(s) that caused the alleged injury or property damage.

SFN 53601 — Medical Services Incident Report
This form is used to report incidents involving any medical treatment rendered or advice received from State employees or any injury to a third party at a State owned or managed medical facility.

SFN 51301 — Motor Vehicle Accident Report
This form is used to report incidents involving injuries to individuals that are not State employees, or damage to property which is not owned/managed or leased by the State, caused by any type of vehicle owned or driven by the State or State employees (including permittee drivers.)

LOG OUT

*Type in the information about yourself – **ALL** fields are required.

SFN 50508 — Incident Report

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:

◥ Required field.

First Name
Last Name
Job Title
Telephone Number
E-mail address
Department

Continue   Clear   Cancel

Back   Forward

*Click **Continue**

*Fill out the necessary information on the first screen. Any field that has a <u>red triangle</u> is a <u>required field</u>.   If the Time of Incident is unknown or cannot be determined type in ?? and then choose either AM or PM.

*Click **Continue** after filling in all the required fields.

*Fill out the necessary information on the second screen. Remember, any field that has a <u>red triangle</u> is a <u>required field</u>. The information that you typed in the first screen will carry over into the second screen.

*When finished entering information about the Injured Participant, Property Owner and Witness section, you **MUST** click on the **stamp icon** on the left side to save. If you need to make any changes after saving the information, you can either click on the **pencil icon** to edit data or the **eraser icon** to delete data. If you need to add more than one individual into these sections, click on the [+] add injured, [+] add owner or [+] add witness.

If this step is missed, the report will not submit properly. The report will be submitted as incomplete and you will need to re-enter the information!

(Example showing stamp icon)

(Example showing pencil and eraser icon)

When you are finished entering in the information, click **SUBMIT**. If any of the required fields are missing, they will be highlighted in yellow and must be filled in before you will be able to submit the incident report.

The entry user will get an email confirming that they have submitted the incident report.

Extra line breaks in this message were removed.	

From:	info@riskvision.com	Sent: Mon 4/25/2005 1:14 PM
To:	Heller, Renae R.	
Cc:		
Subject:	Incident Reference Number: 2005-1034360*001	

You have submitted a SFN 50508 — Risk Management Fund Incident Report to the RiskVision Risk Management Information System.

Your Incident Report was submitted on: Monday, April 25, 2005 and your Incident Reference Number is: 2005-1034360*001

For assistance, you may e-mail Renae Heller at the ND Risk Management Division at RHELLER@STATE.ND.US or call 701-328-7584.

If you have any amendments to the incident report, please contact your department's risk manager.

A copy of this email has also been sent to your Risk Management contact.

Thank you.

Risk Technologies, Inc.

The agency Risk Management or Workers Comp contact, will also receive an email but with file attachments. To view the incident, save the files to your computer and open the fdf file.

Extra line breaks in this message were removed.	

From:	New RMIS Incident Report [RMIS_Incident@st.nd.us]	Sent: Mon 4/25/2005 1:24 PM
To:	Heller, Renae R.	
Cc:		
Subject:	New SFN50508 Report	

Attachments: SFN50508.pdf (142 KB); Incident-SFN50508-1034362.fdf (2 KB); Incident-SFN50508-1034362additional.csv (550 B)

WATKINS, DEREK has submitted a SFN 50508 — Risk Management Fund Incident Report to the RiskVision Risk Management Information System.

The Incident Report was submitted on: Monday, April 25, 2005 and the Incident Reference Number is: 2005-1034362*001

For assistance, you may e-mail Renae Heller at the ND Risk Management Division at RHELLER@STATE.ND.US or call 701-328-7584.

A copy of this email has also been sent to the entry user for this Incident.

Thank you.

Risk Technologies, Inc.

NOTE: In order to open the Incident Report, all files attached to this email must be saved into the same directory. The report can then be viewed by double-clicking on the file named, "Incident-SFN50508-1034362.fdf".